FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lows Ethics and Campaign Disclosure Board 510 E. 12th, Sts. 1A Des Moines, Iows 50319 Fax: 515-281-4073 Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

MAY 1 9 2010

Parties must be filed electronically.	Har and the state of the state		
COMMITTEE NAME (Must be same as on Statement of Organiz	ation)		mmen
COMMITTEE NAME (Must be Same as all distances of Same As are Same as a same a same as a same same		FOF	
Town the year on exerting for III			2 DISCLOSURE 12/2009) REPORT
IMPORTANT: Indicate by # type of committee you are reporting for: [10] (1) Statewide/Legistalive/Judge Standing for Retention Candidate (2) S (4) County Central Committee (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Box 11) Local Ballot Issue	2 7 Seveni Brief of Other Political	Far O	Rose Use Only 21540
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Scann	ed
Office Sought	District (if Senate or House)	1 1	d
ate reports are subject to possible civil and criminal penalties. Pursu andidate's committee, and the chalmerson, for any other type of con	rant to lowa Code sections 68B.32A(mnittes, is the individual responsible	7) and 68A.40 for filing timel	i (3), the candidate, to a y and accurale reports.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	r	DATE SIGNED
I AM FILING A May 19, 2010	REPORT FOR (1) ELECTION	/(2)N()N-ELI	ection year.
(report date)	Indicate by #	!	
CHECK IF AMENDMENT TO REPORT DATED			ices, enter Data of Election
		09/14/2010	al Committees, enter County in
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	hissoingou Lauti Dizza	which Election) is held
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total	aj of all funds held by the	,,,,,,,, , ,,,,\$	0.00
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is find the last reporting period or must be zero if this is find the last reporting period or must be zero if this is find the last reporting period or must be zero if this is find the last reporting period.	al of all funds held by the ash on hand at the end st report filed.)		
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For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Iowa Lakes Community College

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (fi' applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/01/2009	ID# CK#	Iowa Lakes Community College Foundation 19 South 7th Street, Estherville, IA 61334		\$1,000	ļ <u>.</u>
01/2010	ID#	Jolene Rogers 7 South 650 Avenue Ringsted, IA 50578		\$50	
02/26/2010	ID#	Iowa Lakes Community College Foundation 19 South 7 th Street Estherville, IA 51334		\$2,250	
3/30/2010	ID#	lowa Lakes Community College Foundation 19 South 7 th Street Estherville, IA 51334		\$2,250	
04/10/10	ID#	lowa Lakes Community College Foundation 19 South 7 th Street Estherville, IA 51334		\$5,000	
04/30/10	ID# CK#	lowa Lakes Community College Foundation 19 South 7 th Street Estherville, IA 51334		\$2,250	
	ID#				
	ID#				
	CK#				-
	CK#	·	BUB-TOTAL	\$	 - -

TOTAL (if last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (bleed relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1___ of ___1__ (for Schedule A)

\$12,800

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must b	e same as on Statement of Organization)	
Friends of lowa Lakes		
19 South 7th Street		

Estherville, l			PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
12/23/09	CK#	Rahn & Company 1962 Juliet Ave St. Paul, MN 55105	Campaign theme development	\$1,000.00
02/2010	ID# CK	Check printing fee, debit to checking account	Checks	\$14.52
02/26/10	ID# CK#2240	John Rahn 2211 West 11 th Street Spencer, IA 51301	Community Coordinator	\$2,250.00
03/30/10	ID# CK#1869	John Rahn 2211 West 11 th Street Spencer, IA 51301	Community Coordinator	\$2,250.00
04/12/10	ID# CK#1001	Rahn & Company 1962 Juliet Ave St. Paul, MN 66105	Brochure design, Q& A Form, Register to Vote posters, Trailer graphics, stock illustration	\$1,136.00
4/30/10	ID# CK#1518	John Rahn 2211 West 11 th Street Spencer, IA 51301	Community Coordinator	\$2,250.0
	ID#			
	CK#			
	ID#			
ļ	CK#	1		
		•	SUB-TOTA	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventorised on Schedule H. (Refer to Schedule H instructions.)

Expenditures to personalentities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expanditure made by the person/entity on bahaif of the candidate's committee. (Refer to Schedule G Instructions and lowe Code 68A.402(3)(i).)

Page1_	of1	
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TOTAL (if last page of this schedule)

\$8,900.52

COMMITTEE NAME (Must be same as on Statement of Organization) Friends of Iowa Lakes Community College				CHECK THIS BOX IF AMENDING FORM		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBLITOR	RELATIONSHIP TO CANDIDATE " (If applicable)	CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
(NIMIDDITT)	Nothing to report through			\$		
	Nothing to report through					
	4/30/2010					
<u>.</u>						
			SUB-TOTAL	. 6		
	•		TOTAL (if lasi page of this schadule	:]	
*Disclosure committee. by marriag familiai rels	e law requires candidates to disclose the relations Relationship must be shown to the third degree e). (See Page 2 of forms packet.) If surname of ationship, enter "not applicable" in the relationship	ship of any relative making of consanguinity (blood re ocntributor is the same as occiumn.	an in kind contribution to t latives) and affinity (relativ candidate, but there is no	he Page _ es ,	ofof(for Schedule E)	

OR INSTRUCTIONS, S	 BEE BACK OF FORM			G G	BREAKDOWN OF MONETARY
committee name(Friends of low)	Must be same as on Statement of a Lakes	Organization)		CHECK	EXPENDITURE BY CONSULTAN THIS BOX IF NG FORM
PART I - NAME AND Name of Consultan Rahn & Com			L		
1962 Juliet A	State	Zip Code			
CONTRACT PERIO	•	TOTAL ANTICIPATED CO	MPENSATION FOR PERFORM	ANCE	
Fram <u>10/01/2</u> To <u>09/30/201</u>		consultant to coor	& Benefits Is the cos dinate the campaign a to Rahn & Company of an Itemized invoice. site and marketing ma	on a moni	L <u>IIIV</u>
Blant Banay	REFORMANCE IN PROMOTIONAL MATERIAL IN PROMOT	scheduled for Septe	<u>mber 14, 2010. Item</u>	<u>zeg expe</u>	lises
will be included the will be included to will be will be included to will be included to will be included to will be included to will be w	led with each quarterly totaling \$27,302 for the	e entire campaign.	, p. 13, 51		
PART II- ITEMIZED	BREAKDOWN OF UNREIMBUR expenses should NOT be repo	SED EXPENSES PAID BY C ried on Schedule B, as they	ONSULTANT TO OTHERS IN are direct payment from the c		
DATE EXPENDED (MM/DD//R)	NAME AND ADDRESS TO ((Disbursement)	WHOM EXPENDITURE	PURPOSE	An	ENDED
		·			
				-	
			SLIB-TOT/	NL	\$
		тот	LL (If lest page of this schedu	le)	\$

Page ____1__ of ____ (for Schedule G)